FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000054464 (7)

JORDANA INTERNATIONAL CORPORATION

FILED Mar 10 1998 8:00am Secretary of State

		•							
Principal Place of Business Mailing Address							L IRBUIDEL FLA ERLIN LARGI ODINE ODINE ODINE ROMA REMAIN RIMIN RIM	J10 01111 019 1991	
5742 SOUTHWEST 41 STREET 5742 SOUTHWEST 41 STR					:ET				
MIAMI FL 33155 MIAMI FL 33155							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							06/20/1997		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Applied For	
21			26				Applied For	Not Applicable	
				e, Apt. #, etc.				.75 Additional	
22			27				5. Obtained of status besiled E	ee Required	
City & State			⊢ `	City & State				5.00 May Be	
23	2			28 Country			Trust Fund Contribution Added to Fees		
Zip	Country		Zip Country 30			У	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		
24		25 and Address of Current	29 Begistered Ar		01		10. Name and Address of New Registered Agent		
01						Name	· · · · · · · · · · · · · · · · · · ·		
AMERILAWYER CHARTERED						<u> </u>			
343 ALMERIA AVENUE					82	Street A	fress (P.O. Box Number is Not Acceptable)	i	
CORAL GABLES FL 33134					83	 			
					84	City	FL 85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typoid or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	PD			DELETE	1.1 TITLE		☐ Ch	ange 🔲 Addition	
NAME					1.2 NAME			:	
STREET ADDRESS 5742 SOUTHWEST 41 STREET			1.3 \$70			T ADDRESS			
CITY-ST-ZIP	MIAMI FL	. 33155			1.4 CITY -	ST-ZIP			
TITLE	\ V D			☐ DELETE	2.1 TITLE	ļ	··~ Li Ch	ange L Addition (
NAME	JORDAN				2.2 NAME				
STREET ADDRESS	1	UTHWEST 41 STREET				T ADDRESS			
CITY-ST-ZIP	MIAMI FL	. 33155		DELETE	2. 4 CITY-	ST-ZIP	T Ch	ange Addition	
TITLE	STD	11110		ri percit	3.1 TITLE		∟ Ch	THE THOUSING	
NAME PERSON ADDRESS	PALOMO				3.2 NAME	. 10000000			
STREET ADDRESS	MIAMI FL	UTHWEST 41 STREET			1	T ADDRESS			
CITY-ST-ZIP	MICAMI CL	. 33133		DELETE	3.4. CITY - 4.1 TITLE	51-ZIF	□ Ch.	ange Addition	
NAME					4. 2 NAME				
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP					4.4 CITY - 1		1		
TITLE	 			DELETE	5.1 TATLE	Z1 411	vi i cn	ange Addition	
NAME			•		5.2 NAME	,	$\mathcal{A}_{\mathcal{L}}$	>/>	
STREET ADDRESS						T ADDRESS	$\langle r \rangle$	<i>S//(</i>)	
CITY-ST-ZIP					5.4 CITY-3	1		/	
TITLE				DELETE	6.1 TITLE	-	Ch	ange Addition	
NAME					6.2 NAME		300002453255 -03/11/9801004009 ***150.00		
STREET ADDRESS					6.3 STREET	ADDRESS	-03/11/3801004003 **********************************		
CITY-ST-ZIP	<u></u>				6.4 CITY - S	ST-ZIP	***100.UU		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.